HISTORY

Being Bleuler: the second century of schizophrenia

Robert M. Kaplan

Objective: *The aim of this paper is to examine the background to the emblematic psychiatric term, schizophrenia, the historical, cultural and social factors affecting the two men who defined modern psychiatric practice, and anticipate what lies ahead in the next century.*

Conclusions: *The term schizophrenia was created by Swiss psychiatrist Eugene Bleuler and first used on 24 April 1908. The condition was first described by German psychiatrist Emil Kraepelin and called dementia praecox. After a century, it is impossible to think of the practice of psychiatry without schizophrenia.*

Key words: *Emil Kraepelin, Eugen Bleuler, eugenics, genocide, schizophrenia.*

The wit of man has rarely been more exercised than in the attempt to classify the morbid mental phenomena covered by the term insanity.

Daniel Tuke[1]

After a century, it is impossible to think of the practice of psychiatry without schizophrenia. This review looks at the background to the emblematic psychiatric term and anticipates what lies ahead in the next century.

On 24 April 1908, Swiss psychiatrist Eugene Bleuler, Director of the Burghölzli Asylum Hospital in Zurich, at a meeting of the German Psychiatric Association, delivered a lecture entitled, '*Die Prognose der Dementia Praecox (Schizophreniegruppe)*'.[2] Thus the world first heard the name schizophrenia, defined as a disease ''characterised by a specific type of alteration of thinking, feeling and relation to the external world''. Bleuler wrote the first paper using the term schizophrenia in 1910, followed by his textbook in 1911.

Schizophrenia, the most severe psychiatric illness, has been recognized since antiquity and there are credible descriptions in the Mesopotamian Assyrian Codex.[3] However, until the 19th century, psychosis was regarded as merely another form of lunacy. Until then, psychiatry – its practitioners referred to as alienists – was a custodial business, looked down upon by the medical profession and feared by the public.

The Enlightenment led to a new attitude towards the mentally ill. Phillipe Pinel, a fervid revolutionary, believed in an illness model of symptoms and treatment; science (meaning anatomy) could follow at its own pace. Moral treatment was based on the rationale that the root cause of mental illness lay in the environment. Pinel's work led to the rise of the asylum, a development that institutionalized psychiatry and began the process of organizing its practitioners into a professional discipline.

Within decades, Pinel's work was overtaken by the anatomico-pathological model and the centre of psychiatric gravity moved west, the baton taken up in the Germanic world. French psychiatry never recovered from the blow, retaining a bizarre classification system until modern times and

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throwing itself at regular intervals into the hands of charismatics such as Morel, Mangan and Lacan.[4]

German medicine had an enormous growth in development and funding as an outcome of German imperial politics.[5] Rudolph Virchow established anatomical pathology, putting forward the magisterial cellular theory, an hypothesis that proved the equivalent of Newton's *Principia* until the development of molecular technologies. Robert Koch, the microbiological equivalent, initiated the ''golden age of bacteriology''. German psychiatry, strictly speaking, originated in Vienna but was taken up first in Prussia, later the newly united Germany. It was an exciting time for German medicine, and an indication of the age that the two most important figures in 20th century psychiatry – Emil Kraepelin and Sigmund Freud – were born in 1856, and Eugen Bleuler the following year.

Psychiatrists made their names by describing psychiatric symptoms and syndromes. Compared to the rest of Europe, German psychiatry had a significant advantage. It was practiced by academicians who perceived themselves as scientists, insisted on as much rigor as could be practiced under the circumstances, and saw their patients as research material.[6] Like other disciplines, psychiatrists studied the brains of psychiatric patients in the hope that a cause would emerge. But the available techniques produced few results. Furthermore, any new discoveries were captured by neurology. As it turned out, this was a Faustian pact of the most ominous nature. In it lay the seeds of the total moral collapse of German psychiatry under the Nazis that led them to gas their own patients on eugenics grounds.[7]

> *There are two sorts of psychiatrists, those by inclination, and those by chance; those entering psychiatry by chance are sometimes reasonable.*
>
> *Emil Kraepelin*[8]

In this setting arrived the meticulous man with the magnificent moustache who almost single-handedly created modern psychiatry – Emil Kraepelin (1856–1926).[9] Born in Neustrelitz, capital of the Grand Duchy of Mecklenburg-Strelitz, in northern Germany, Kraepelin's nominally middle-class background teetered on the edge of respectability thanks to his father, a feckless heavy-drinking actor, opera singer and music teacher who deserted the family. The youngest of three brothers, Kraepelin became interested in medicine when a family friend, a doctor, allowed him to come on rounds. His greatest interests, away from his work, were in travel and the study of botany. Interestingly, his brother Karl, Director of the Museum of Natural History in Hamburg, used a binomial system for classifying species such as molluscs.[10]

Kraepelin was an original. Qualifying in medicine at the University of Leipzig in 1878, he wanted to do psychiatry from the start and looked for a suitable academic position.[11] Poor eyesight prevented him from doing microscopic work, saving him from going down the blind alley followed by so many of his colleagues. His training in experimental psychology with Wundt gave him a basis in research methodology. Like Koch and Pasteur, he hoped to derive the organizing principle from the study of illnesses like neurosyphilis. He side-stepped the difficulties in classification of the psychoses by taking up a strategy from Kahlbaum: outcome, ignoring issues such as mental content.

In 1886, Kraepelin, who described himself as a ''pure psychiatrist with psychological tendencies'', realized his prediction that he would be a professor before he was 30 when appointed head of the psychiatric hospital at Dorpat (Tartu) in Estonia, then a Russian province. The patients spoke Estonian or Russian, neither of which he understood and a telling indication of his lack of interest in talking to patients. Furthermore, the heavy-handed Russian administration ran head-long into his German nationalism.[12]

After 5 years, Kraepelin happily returned to German soil when he was appointed to the chair at Heidelberg, where his star continued to ascend. He moved to Munich in 1903 until he retired in 1922. In 1917 he founded the German Institute for Psychiatric Research, a model research institution. He sought the best workers and many of his colleagues had distinguished careers. These include Alois Alzheimer, Franz Nissl and Korbinian Brodman; less creditable, in view of their involvement with Nazi euthanasia, were Robert Gaupp and Ernst Rüdin.

Kraepelin's discoveries did not arise in a Eureka moment. His initial experiences in psychiatric wards were deeply upsetting. He wondered whether he could continue, but steeled himself to do so. He methodically studied cases, recording their details on special *zahlkarts* he designed. He would take the cards in a rucksack with him to Lake Starnberg, ruthlessly discarding inappropriate cases, seeking a pattern that would help him understand the psychoses.

Kraepelin was extremely private, was devoted to his family, abstemious to a fault and seemed free of inner turmoil. Hannah Decker describes him as an aloof and withdrawn personality who did not make close friends. To his juniors and students, he was someone to respect but not to admire, keeping his distance and wanting them to be constantly on their toes in fear of a spot check. He did not relate well to patients and often contradicted himself by making subjective or judgemental findings.

Having had an unstable upbringing, Kraepelin wanted to ensure that his income matched his aspirations. Like Freud, he had to defer his marriage for some years. He established a lucrative private practice, for example, treating the son of an American multi-millionaire. Despite disavowing material wealth, he was able to

purchase substantial properties and build a villa in Italy.[10] To improve his income, a publisher persuaded him to write a psychiatric textbook and he produced the *Compendium of Psychiatry* during the Easter holiday in 1883.[13] In the book, Kraepelin announced that he intended to classify illnesses on the basis of aetiology – meaning somatic causes – derived from the principles of experimental psychology and bacteriology.[5]

What had started as an exercise to improve his income soon expanded into an encyclopaedic activity with regular and ever-expanding editions of the textbook (growing from 385 pages in the first edition to 2425 in the ninth[14]), announcing the latest developments in his classification.

A superb writer, Kraepelin left us with some of the best ever descriptions of psychopathology. In this regard, he was eclipsed, and unjustly so, by Freud. Consider the following passage on hallucinations:

> *The patients ... see mice, ants, the hound of hell, scythes, and axes. They hear cocks crowing, shooting, birds chirping, spirits knockings, bees humming, murmurings, screaming, scolding, voices from the cellar ... The voices say 'filthy things', 'all conceivable confused stuff, just fancy pictures' they speak about what the patient does ... They say: 'That man must be beheaded, hanged', 'Swine, wicked wretch, you will be done for ...'*[15]

The 1908 edition confirmed the great distinction, the dualism that has haunted psychiatric practice, between the two great psychoses: dementia praecox and the circular, or manic depressive, psychoses. Kraepelin made the distinction not on symptoms, but on outcome. Dementia praecox (the term was first used by Morel, but Kraepelin credited Arnold Pick) meant an irretrievable descent into madness, while manic depressive episodes were self-limiting without the accompanying breakdown of personality.

For this alone, Kraepelin had established his eminence in psychiatry, but he had deeply bureaucratic instincts and established a comprehensive basis for a modern specialty. He developed training programmes, lobbied the government for mandatory syphilis testing and constantly planned trips to exotic locations to see how psychiatric illness manifested in other cultural settings.[16] He is regarded as the father of transcultural psychiatry and psychopharmacology. He was planning a trip to Buddhist shrines when he unexpectedly died in 1926.

To his credit, Kraepelin had no hesitation in changing his ideas or stating that he had made incorrect conclusions. At the end of his life, he pointed out that a significant percentage of his dementia praecox cases did recover:[17]

> *We cannot satisfactorily distinguish between the two diseases. The suspicion remains that we are asking the wrong questions.*

The unavoidable implication of this statement is that the duality concept was unviable. Had Kraepelin lived another 10 years, it is possible he would have fully recanted his classification.

At this stage, the focus passes to Switzerland. The success of Swiss psychiatry arose from several factors.[18] During the 18th century, the aristocratic families of Zurich controlled the country area, preventing the rural class from going to university or entering certain professions. As a result, the villages had a tradition of class-based solidarity and activism, their longing for education led to them investing in libraries. Following the introduction of a democratic constitution in 1830 and establishment of Zurich University in 1833,[19] the restrictions were lifted but the first psychiatrists were researchers disinterested in their patients; their inability to speak the local dialect was especially resented.

Nineteenth-century Switzerland had little money available for research, particularly in psychiatry. Its practitioners came from all classes, doing military service like other men, working in the public system with close contact with their patients. This was in marked contrast to the German system where doctors came from privileged backgrounds, were unstinting supporters of the establishment, mostly wanted to do research and saw private patients.

Paul Eugen Bleuler (1857–1939) was born in the farming village of Zollikon, an hour away from Zürich. While his father was a merchant, the family arose from many generations of peasant stock with a deeply ingrained respect for rugged individuality and mutual assistance. Bleuler decided in high school to become a psychiatrist, made aware by his parents that the village canton was unhappy with the treatment of the locals at the Burghölzli Hospital by academics like Griesinger, Hitzig and Von Gudden, who were only interested in research and could not speak *Züri-Tütsch*, the local dialect.[20] As a student, Bleuler saw when a young girl from his village had a severe mental disorder, her management was affected by the lack of understanding by the clinic psychiatrist. He studied psychiatry in Paris, London and Munich under the leading psychiatrists of his day, including Forel, Mangan and Charcot.

In 1886, Bleuler became the director of the Rheinau Clinic, a former Benedictine Monastery at an isolated spot on the Rhine. During the 12 years that he cared for 850 patients, Bleuler demonstrated the qualities that characterized his practice. He was dedicated to the health and welfare of not just his patients, but the hospital staff and the people of the village. He ran a regular theatre list and treated the locals during epidemics.[21] He was completely involved in the lives of his patients, going hiking, participating in amateur theatricals and looking after their savings. At the time of his appointment as Director of the Burghölzli in 1898, where he remained for the rest of his career, he was planning to make Rheinau village into a psychiatric colony.

Bleuler had always wanted to work at the Burghölzli, not least because it meant that he could live close to his aging parents, but he assumed the professorial mantle with reluctance as it brought a teaching workload that cut into time he could spend with patients. He also treated the famous, including Russian ballet dancer Vaslav Nijinsky[22] and Zelda Fitzgerald. He attracted outstanding psychiatrists to work with him, such as Carl Jung, Herman Rorschach, Ludwig Binswanger and Karl Abraham. Open to any ideas that could assist patients, he encouraged colleagues to try new methods and tests. With Jung, Bleuler was one of the first psychiatrists to look to psychoanalysis to explain mental illness. Indeed, he contacted Freud and applied psychoanalytic concepts to his understanding of schizophrenia (although he steadily drifted away from this for the rest of his career[23]).

Bleuler, a man of considerable modesty and humility, lacked interest in status and material acquisition; in this regard, the contrast with Kraepelin and his affluent private patients is notable. Determined to regard his patients as individuals, he lived in the hospital and mixed with his patients. He constantly engaged his younger doctors in meetings, conversations and discussions. A pure clinician, Bleuler taught his juniors to regard each patient as unique. He was prepared to take as much time as necessary to understand their language. In contrast to Kraepelin's statistical *zahlkarten*, Bleuler made thousands of notes of conversations and observations of his patients, which he incorporated in his book on the schizophrenias. His son Manfred, a distinguished psychiatrist in his own right, said that he always had a memo-pad at hand to jot down what his patients said.[20]

What distinguished the conditions defined by Kraepelin and Bleuler? Coming variously from asylum psychiatry and university psychiatry, the two men inhabited different cultural universes. Bleuler's list of secondary symptoms, largely derived from psychoanalysis, implied an aetiology. This was a critical difference from Kraepelin's concept: a disturbance or exaggeration of normal psychic function was light years away from the categorical distinction between psychosis and sanity. Bleuler did not disagree with Kraepelin's definition of dementia praecox, but wanted to widen the category. He conceived of schizophrenia as a genus, rather than a species – hence his title, *The Group of Schizophrenias*.

The clumsy term dementia praecox, which could not be used in an adjectival fashion,[14] was derived from latin, meaning *a privation of the senses* and therefore a static condition. Kraepelin was not entirely clear what was meant by the term dementia, except that it was the outcome in the majority of cases. Praecox was chosen because the majority of cases presented in the teenage years or shortly thereafter.[1] The terminology did not seem to trouble Kraepelin, let alone the implications of such a diagnosis for a patient or their family.

Bleuler introduced the term schizophrenia for several reasons. It came from classical Greek – *schizein* meant splitting, *phren* originally denoted the diaphragm, later 'soul, spirit, mind'. It was evocative and capable of adjectivalization. In doing so, he humanized the concept.[23] The metaphor of 'splitting' arose in the 19th century, most famously in Robert Louis Stevenson's book, *The Strange Case of Dr Jekyll and Mr Hyde* (1886).[19] The semantic distinction between the two terms was critical.[24] Kraepelin used a term derived from the Roman Empire; Bleuler, in preference, found a name derived from classical Greek with its focus on the nature of man.

DISCUSSION

> *Insanity ... provides us with the proper scale for comprehending the numerous intellectual, moral, religious, and artistic currents and phenomena of our social life.*
>
> *Emil Kraepelin*[25]

Kraepelin's findings became the leitmotif of 20th century psychiatry and assumed paradigmatic status. Were this article written a century later, it is likely the author would regard Kraepelin as the organizing principle in modern psychiatry, much as St Paul was essential for the nascent Christian entity to become an imperial institution. From an early stage of his career, Kraepelin's intention was to establish a discipline based on findings that could be proved, abandoning speculative theories from romanticism. The success of Kraepelin's approach derived from his specific views on the relation between psychological and social phenomena, and biology. The dichotomy has done very well for 20th century psychiatry – patients with schizophrenia are psychotic, frequently have a negative outcome and respond to antipsychotic medication; patients with bipolar disorder mostly recover between episodes and respond well to lithium.

But the next century was not always kind to Kraepelin. One heretic was Ernst Kretzmer, who followed a long-held view about the association of madness (and syphilis) with genius, a topic of great fascination in the 19th century. [One of the few doctors prepared to stand up to Hitler, Kretzmer made the observation that while in the past they had treated psychopaths, they were now ruled by them – and was lucky to get away with his life.]

Kretzmer believed that psychosis was merely the extreme end of a spectrum of behaviour ranging from the normal.[26] The 'psychoanalytic hiatus' (to use Edward Shorter's term[27]) led to decades of neglect of brain study:[28]

> *To have forgotten that schizophrenia was a brain illness, will go down as one of the great aberrations of 20th century medicine.*

From this point, psychiatry returned to Kraepelin *redividus* or the Neo-Kraepelinian hegemony, manifesting in the inexorable rise of DSM-III[5] – aetiology-free

diagnosis and classification based on biological aspects of illnesses.

As the first century of schizophrenia passed, unswerving acceptance of the dualism of the psychoses started to move to the perihelion and there is now a grudging recognition that the time of dual classification has passed.[29–33] Berrios *et al.*[17] criticized the 'continuity myth' of schizophrenia as being almost beyond the reach of empirical correction or falsification. We know that patients with bipolar disorder do very well with antipsychotic medication, schizophrenia does not imply inevitable deterioration and no one has yet provided a biological basis for a category such as schizoaffective disorder.[33] It does not breed true and seems to occupy an uneasy place between the two classical categories.[34]

There are many paradoxes in Kraepelin's work. By his refusal to attempt to see any meaning in his patients' utterances, bizarre or otherwise, he removed himself from any chance of healing his patients, let alone relating to them. Difficult as this was, he was critical of Bleuler and dismissive of Freud for attempting to do so. He was unreservedly anti-Semitic, describing Jews as ''a very great danger'' to the German race through their tendency to forge ahead – a comment he then attempted to mitigate by stating that nevertheless he had good personal relationships with a number of them. He was preoccupied with the 'will' – volition – and appeared indifferent, if not judgemental, to problems of shell-shocked soldiers or hysterics. Despite this, he went to extraordinary lengths to care for his patients and fought governments for better treatment facilities.

From 1919, shattered, like many members of his generation, by Germany's loss of the war,[35] Kraepelin wrote about social turbulence following the fall of the Kaiser, describing Weimar republican society as hysterical and the socialist leaders as psychopathic. It turns out that he wrote poetry littered with terms about race, stock and nation to express inner yearnings that were more than a little messianic. Eric Engstrom, a sympathetic biographer,[36] stated that Kraepelin saw himself as a latter-day Moses to lead his people out of the desert.

Kraepelin's psychiatric perspective was dominated by a somatic or biological view in which biographical, social, cultural and psychological dimensions were marginalized. The result was a form of reductionist thinking; behaviour that did not correspond with his outlook was attributed to degeneration.[37] In his extreme views on drinking and sexual abstinence, there was something of the fanatic. While biologists used social Darwinism, Kraepelin was the first to apply these terms not just to individuals, but social groups and institutions.[5] Swindlers, poets, Gypsies and Jews were prone to hysteria; Jews, in addition, were psychopathic.[9,38] No other psychiatrist was as influential, and in the rapidly changing world that he lived through, the consequences of these attitudes were extreme. One of his successors, Robert Gaupp, stated that Kraepelin's work comprised nothing less than ''the foundation of all Nazi racial hygiene laws''.[39] The central concept in Nazi ideology was the 'symbolization of immortality'. The German medical profession was designated the central intellectual resource of the New Order or, as Rudolf Hess put it, ''National Socialism is nothing but applied biology''.[40] In this grotesquely thaumaturgic vision, the doctor was the final agent in the Nazi myth of therapy via mass murder.

Kraepelin has to take credit for the catastrophic effect of the theory of degeneration on German psychiatry, and ultimately the lowest point that psychiatry reached in its history. More than any of his colleagues, Kraepelin had the intelligence and vision to see that degeneration was an ultimately doomed and immoral proposition. By dialogising social facts into an implied threat to the collective wellbeing of the nation,[41] Kraepelin was an architect of what followed. That he did not is to his lasting discredit and it is no coincidence that his successor at Heidelberg, Ernst Rüdin (whose eugenic research was financed by the Rockefeller Foundation), was the driving force behind the Nazi euthanasia programme[42] and no less a figure than Aubrey Lewis expressed concern about his ''destructive influence'' on psychiatry.[43]

When he died in 1926, Hitler would have been mostly unknown to him. But how would Kraepelin have reacted after 1933 – a mere 7 years after his death – when the German medical profession, especially the psychiatrists, threw in their lot with the Nazis?[44] Michael Shepherd went as far as describing his ideas as proto-fascistic.[45] Could Kraepelin have sanctioned the gassing of psychiatric patients? We shall never know, but his poems leave some disturbing thoughts.

Modest, dedicated and humanistic, Bleuler was remarkably open-minded. Bleuler's thinking was derived from Spinoza and Nietzsche.[46] His classification of schizophrenia was optimistic and gradualist, refusing to surrender the option that it was ultimately a manifestation of the human condition. He believed that psychic functions were essential elements in all activities.[47] He saw schizophrenia as an extension of normal personality which could, with perseverance, be understood and ultimately provide an insight into human nature.

The condition that he described as the group of schizophrenias was not free of problems. The secondary symptoms were difficult to define, open to misinterpretation and ultimately unfeasible. They unwittingly fostered a purely psychological view of the condition.

Kraepelin's eugenic beliefs would have been deeply foreign to Bleuler, a liberal humanist. He was prepared to look to psychoanalysis at a time when most of his

colleagues considered it no more than a Viennese Jewish calumny,[48] no small thing at a time when anti-Semitism was rife in all levels of society.

Zilboorg[49] described Kraepelin as ''the academic man, the laboratory man, the library man, the school man, the lecturer, the systematiser'' who lacked a purely human interest in the individual. By contrast, Bleuler was the first psychiatrist to approach his patients in a way that could be described as fundamentally existential in his desire to understand. His career was a testimony to his belief that schizophrenia, with enough effort, could be ultimately understood.[49] It is telling that he died while working on a book on the soul of plants.

To see who has picked up the baton after Kraepelin and Bleuler, we look to Tim Crow who, for several decades, has pursued a controversial, if not lonely, path to find the cause of schizophrenia. According to Crow, schizophrenia arises from a genetic mutation – *protocadherin XY* – that determined the extent of lateralization of the early hominid brain.[50] Humans go into the world with their brain lateralized to the dominant side to a varied degree. The laterality gene results in a range of profoundly human capabilities.[51] These include intellectual ability, creativity, emotionality, psychosis and a range of phenomena variously referred to as schizotypal, eccentric or magical traits. Schizophrenia and schizotypy are linked with increased creativity[52] and increased right hemisphere dominance.[53] Those who lie between the extremes of normal and schizophrenia tend to be schizoid, artistic, creative, eccentric or just plain different, but not psychotic individuals.

The neurological components of creativity and spirituality include religiosity, hypergraphia and trance states. Add all of that together and we start to see how there arose the first specialized role among humans: shamanism, the cultural adaptation of hunter-gathering societies to the biological potential for altered states of consciousness (ASC).[54] Through ASC, the shaman would commune with the spirits to heal tribal groups, divine the weather, follow totemic animals and heal illness. The shaman became the magician, witchdoctor, sage, healer, and tribal – the forerunner of the artist, prophet and healer, special individuals in our society.

Schizophrenia is more, much more, than a name for the emblematic psychiatric disorder. It sums up the history, culture and social attitudes of the different worlds in which its progenitors lived. For its first century, schizophrenia ruled psychiatry much as the internal combustion engine ruled the 20th century – a testament to the energy and vision of the man who classified it. In Hannah Decker's words, Kraepelin must be acclaimed for having the power to provoke modern psychiatrists to re-imagine their profession. A century later, Bleuler would have good reason to be pleased with his creation.

Schizophrenia endures, and will remain – in one form or another – as the Ürword for psychiatry. At long last we can find an honoured place for it in the spectrum of human nature. To quote Tim Crow, ''schizophrenia is not just an illness of humans, it may be THE illness of humanity''.[55]

COMMENT

Any attempt to describe Kraepelin's social mores and commitment to eugenics in anything less than a salutary light is invariably perceived as an attack of lése-majesty by the Kraepelin Church, akin to an attack on motherhood. Even a brief perusal of the Kraepelin literature will provide any number of defensive statements that his comments about Jews and other groups were no different from many others of his time and should be seen in context.[56] The reader is invited to decide for himself to what extent the attitude of such an enormously influential individual can be excused, when within a short period of time after Kraepelin's death (7 years) the German psychiatric profession, in a state that can only be described as complete moral disarray, embarked on gassing their patients, following the trajectory that led ineluctably to Auschwitz.

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